

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-044516

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 61 Primary Registration District No. 4107 Registrar's No. 70

FILED MAY 14 1962

1. PLACE OF DEATH

a. COUNTY

Cedar

b. CITY (If outside corporate limits, give TOWNSHIP only)

El Dorado Springs

Length of stay in lb

1 1/2 Days

c. FULL NAME OF (If NOT in hospital, give location)

Cedar Co. Memorial Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Cedar

c. CITY

OR

TOWN

El Dorado Springs

Inside Limits

Yes ☐ No ☒

d. STREET

ADDRESS (If outside, give location)

RR # 5

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First

David

Middle

Ray

Last

HARDING

DATE OF

DEATH

MAY - 3 - 1962

5. SEX

M

6. COLOR OR RACE

W

7. Married

☒ Never Married ☐ Divorced ☐

8. DATE OF BIRTH

July 6 - 1892

9. AGE (last birthday)

69

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Meat cutter (Retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Junction City, Kans.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Walter Harding

13b. MOTHER'S MAIDEN NAME

Marion Harvey

14. NAME OF HUSBAND OR WIFE

Leila Harding

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

Yes W.W.#1

16. SOCIAL SECURITY NO.

[Redacted]

17. INFORMANT

Leila Harding, El Dorado Springs

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary thrombosis

INTERVAL BETWEEN ONSET AND DEATH

Supper

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

unknown

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

No Injury

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

None

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 4-2-62 to 4-3-62 and last saw her alive on 4-3-62.

Death occurred at 11:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

John W. Richardson M.D.

22b. ADDRESS

El Dorado Springs, Mo.

22c. DATE SIGNED

4-4-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

May 6 - 1962

23c. NAME OF CEMETERY OR CREMATORY

City Cemetery

23d. LOCATION (City, town, or county)

El Dorado Springs, Mo.

24. FUNERAL DIRECTOR

Melvin L. JANSSENS, El Dorado Springs

ADDRESS

25. DATE RECD. BY LOCAL REG.

5/5/1962

26. REGISTRAR'S SIGNATURE

Joe E. Dunham

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

10201

20200

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JUN 21 1962

MAY 16 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Melvin L. Hansen

Licensed Embalmer No.

4529

P. O. Address

El Dorado Springs

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit obtained 5/15/1962